									Application or Docket Number				
•	PATENT	RD	RD 182809 5108										
Effective October 1, 2001									. 07 1	101	0441	10	
CLAIMS AS FILED - PART I									SMALL ENTITY		OTHER		
TOTAL CLAIMS (Column 1) (Column 2)							]	TYPE		OR	SMALL		
┡								RATE	+		RATE	FEE	
FC			NUMBER	FILED	NUMBER EXTRA			BASIC FEE 370.00		OR	BASIC FEE		
TC	TAL CHARGEA	BLE CLAIMS		nus 20=	* 5			X\$ 9=		OR	X\$18=	90	
IN	EPENDENT CL	AIMS	& mi	nus 3 =	5			X42=		OR	X84=	452	
MU	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT	·				+140=		1	+280=		
* If	* If the difference in column 1 is less than zero, enter "0" in column 2									OR		12.0	
CLAIMS AS AMENDED - PART II								TOTAI		OR	TOTAL	1250	
	(Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR	SMALL		
4	1/11/10/2	CLAIMS REMAINING	·	HIGH NUM		PRESENT	1 [		ADDI-	1		ADDI-	
EN		AFTER AMENDMENT		PREVIO PAID		EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
N N	Total	. 25	Minus	** 2	5	-/		X\$ 9=		OR	X\$18=		
<b>AMENDMENT A</b>	Independent	• 8	Minus	***	8	7	lt	X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CL						<b>!</b>	440					
								+140=	,	OR	+280= TOTAL		
									ADDIT. FEE OR ADDIT. FEE				
<u> </u>	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								LADDI	1 1			
AMENDMENT B	5/11/06	REMAINING AFTER		NUMI PREVIO	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
ME	Total	AMENDMENT	, , , , , , , , , , , , , , , , , , ,	PAID	FOR سستر (		$\mid \mid \mid$		FEE	H		FEE	
S S	Total Independent	* X	Minus Minus	**	3_	=	▍Ļ	X\$ 9=		OR	X\$18=		
A		NTATION OF MU	ULTIPLE DEPENDENT CLAIM				łL	X42=		OR	X84=		
							'	+140=		OR	+280=		
							L	TOTA			TOTAL		
	_f	(Column 1)		(Colun	nn 2)	(Column 3)	A	DDIT. FEI	<del></del>	,	ADDIT. FEE		
ပ	alph d-	CLAIMS REMAINING		HIGH NUMI	EST	PRESENT	Г	-	ADDI-			ADDI-	
Ż		AFTER AMENDMENT		PREVIO	USLY	EXTRA		RATE	TIONAL		RATE	TIONAL	
AMENDMENT C	Total	. 25	Minus	** ~	5	= /		X\$ 9=	FEE		X\$18=	FEE	
MEN	Independent	. 2	Minus	***	<del>Z</del> —	/	-			OR			
◙	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X42=		OR	X84=		
								+140=		OR	+280=		
**	If the "Highest Nut	mn 1 is less than thember Previously Pa	id For IN THI	S SPACE is	less tha	n 20. enter *20.	- AI	TOTAL		OR	TOTAL ADDIT, FEE		
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

PTO/SB/06 (12-04)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD  Application of information unless it displays a valid OMB control number.  Application of Docket Number													
Substitute for Form PTO-875 /0/044//0											710		
APPLICATION AS FILED - PART I (Column 1) (Column 2)								SMALL	ENTITY			R THAN . ENTITY	
FOR		NUN	BER FILE	D . N	· NUMBER EXTRA		Į	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	SIC FEE CFR 1.16(a), (b), or	(c))								1		122(4)	
SE	ARCH FEE CFR 1.16(k), (i), or									7		<del>                                     </del>	
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))								<del></del>		┨ .	<del>                                     </del>	)	
TOTAL CLAIMS (37 CFR 1.16(i))			minus	20 =				X =	<del> </del>	OR	X .=		
	DEPENDENT CLA CFR 1.16(h))	AIMS	minus	3 = •				X =	<u> </u>	1 ~~	X =	<del> </del>	
APPLICATION SIZE FEE (37 CFR 1.16(s))  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small enlity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								·					
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))										┨		<del> </del>	
- 17	* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL	<u> </u>	TOTAL			
	APPLICATION AS AMENDED - PART II												
		(Column 1)	7	(Column		olumn 3)	•	SMALL	ENTITY	OR	OR OTHER THAN SMALL ENTITY		
AMENDMENT A	1/23/04	CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBER PREVIOUS PAID FOI	R PI SLY I R	RESENT EXTRA	1	RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)	
	To(a) (37 CFR 1.16(1))	20	A4-mus	25	=	$\angle$		x =		OR	x =		
	Independent . (37 CFR 1.16(h))	6	Minus	8		<u>/</u>		x =		OR	х =		
	Application Size Fee (37 CFR 1.16(s)).									]			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16())									OR			
			•					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Column 1)		(Column	2) (C	olumn 3)							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUS PAID FOR	R PF	RESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE.(\$)	ADDI- TIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	•	Minus	**	=			x =		OR	x =	•	
	Independent (37 CFR 1.16(h))		Minus	***	=	-:		x =		OR	x =	*	
	Application Size Fee (37 CFR 1.16(s))									OK .		<u> </u>	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
	. If the estable	_	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE							
•	" If the "Highest N	olumn 1 is less tha lumber Previously lumber Previously	/ Paid For	'IN THIS SPA	CF is les	s than 20	anta	r "20". '3".					

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.